



GENERAL COMMUNITY SITE SUMMARY FORM

Please use this form to summarize your **We Can!** activities at the completion of your programming and fax the completed form to the NHLBI Health Information Center at (240) 629-3246.

CONTACT INFORMATION

Primary Point of Contact:

Last Name

First Name

Middle Initial

Title:

Name of Organization /
Coalition:

Mailing Address:

Phone:

Fax:

E-mail:

Audiences reached in your 2005-2006 **We Can!** Programming: *(please check appropriate boxes)*

- | | |
|---|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Educators |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Healthcare professionals |
| <input type="checkbox"/> African American populations | <input type="checkbox"/> Native American populations |
| <input type="checkbox"/> Asian populations | <input type="checkbox"/> Hispanic populations |
| <input type="checkbox"/> Inner city populations | <input type="checkbox"/> Suburban populations |
| <input type="checkbox"/> Rural populations | |

**Please indicate which curricula you used by checking the box next to the curriculum.
Please complete the table for each curriculum you used.**

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CATCH Kids Club

| | |
|---|--|
| How many times did you implement this curriculum? | |
| Where did each implementation take place? (e.g. after school on school grounds, at the local YMCA) | |
| When did each implementation occur? (start and end dates) | |
| How many youth were involved in each implementation? | |

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Media-Smart Youth: Eat, Think, and Be Active!

| | |
|---|--|
| How many times did you implement this curriculum? | |
| Where did each implementation take place? (e.g. after school on school grounds, at the local YMCA) | |
| When did each implementation occur? (start and end dates) | |
| How many youth were involved in each implementation? | |

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Student Media Awareness to Reduce Television (S.M.A.R.T.)

| | |
|---|--|
| How many times did you implement this curriculum? | |
| Where did each implementation take place? (e.g. after school on school grounds, at the local YMCA) | |
| When did each implementation occur? (start and end dates) | |
| How many youth were involved in each implementation? | |

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***We Can!* Energize Our Families: Curriculum for Parents and Caregivers**

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|---|--|
| How many times did you implement this curriculum? | |
| Where did each implementation take place? (e.g. during lunch hour at an office, in a community center during children's programming) | |
| When did each implementation occur? (start and end dates) | |
| How many parents were involved in each implementation? | |



COMMUNITY EVENT

In the table below, please describe a *We Can!* community event you conducted.

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|--|--|
| Event Name: | |
| Dates of the event: | |
| Type of event: (Health Fair, Fitness Festival, etc.) | |
| Location of the event: (City and State) | |
| Description of the event: | |
| Target audience: | |
| Number of people in attendance: | |
| Event giveaways and promotional items: | |
| Event partners and their contributions: | |

Please describe additional *We Can!* community events you hosted in the space below.

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